

**REMARKS**

Claims 1-31 are pending in the present application. In the Final Office Action mailed June 1, 2006, the Examiner rejected claims 1-7, 9, 12-14, and 18-22 under 35 U.S.C. §103(a) as being unpatentable over Maschke et al. (USP 6,221,012) in view of Jacobsen et al. (USP 6,160,478). The Examiner next rejected claim 8 under 35 U.S.C. §103(a) as being unpatentable over Maschke et al. and Jacobsen et al., as applied to claim 1, and further in view of Fuchs et al. (USP 5,788,646). Claim 10 is rejected under 35 U.S.C. §103(a) as being unpatentable over Maschke et al. and Jacobsen et al., as applied to claim 1, in further view of Ballantyne (USP 6,705,990- to substantiate Examiner's use of Official Notice). Claims 11 and 24 are rejected under 35 U.S.C. §103(a) as being unpatentable over Maschke et al. and Jacobsen et al., as applied to claims 1 and 18 above, and further in view of Gombrich (USP 4,857,716). Claims 15-17 and 25 are rejected under 35 U.S.C. §103(a) as being unpatentable over Maschke et al. and Jacobsen et al., as applied to claims 1 and 18 above, and further in view of Ballantyne (USP 5,867,821). Claim 23 is rejected under 35 U.S.C. §103(a) as being unpatentable over Maschke et al., Jacobsen et al., as applied to claim 18, and further in view of Ballantyne, Gallant et al., and Fuchs et al. Claims 26 and 28-29 are rejected under 35 U.S.C. §103(a) as being unpatentable over Maschke et al., Jacobsen et al., and further in view of Fuchs et al. Claims 27 and 31 are rejected under 35 U.S.C. §103(a) as being unpatentable over Maschke et al., Jacobsen et al., and Fuchs et al., as applied to claim 26, and further in view of Gombrich. Claim 30 is rejected under 35 U.S.C. §103(a) as being unpatentable over Maschke et al., Jacobsen et al., and Fuchs et al., as applied to claim 26, and further in view of Ballantyne.

Claim 1 has been amended to correct a typographical error. No new matter has been added.

Claim 1 was rejected under 35 U.S.C. § 103(a) as being unpatentable over Maschke et al. in view of Jacobsen et al. The Examiner concluded that "Maschke et al. teaches a wireless bi-directional portable patient monitor" having that called for in claim 1. *June 1, 2006, Final Office Action*, pg. 2. In particular, the Examiner stated that Maschke et al. teaches "a communications interface having a local area network input to receive patient data from a wireless communications network within a medical care facility and an output transmit care parameters as need to the wireless communications network" and "an input device connected to the processor to allow a change in the care parameters by a health care provider." *Id. at p. 2-3*. However, Maschke et al. does not teach or suggest a bidirectional monitor having a local wireless area network (WLAN) output of a communications interface to transmit care parameters as needed to

the WLAN or an input device connected to the processor to allow a change in the care parameters by a health care provider.

Maschke et al. teaches data acquisition pods that “receive[] patient data from a plurality of sensors.” *Col. 11, lns. 45-46*. Maschke et al. also teaches data acquisition cartridges, which “function[] similar to the pod” and “provide[] a separate 5000 volt isolation between the cartridge return circuit and the portable monitor.” *Col. 13, lns. 60-64*. The pods and cartridges “transmit[] conditioned patient data . . . to a portable monitor,” which “receives and stores the conditioned data.” *See col. 2, lns. 48-62*. Maschke et al. further teaches that the “portable monitor 102 is detachably coupled to a docking station 110 which may be positioned near the patient’s bed.” *Col. 4, lns. 53-55*.

While Maschke et al. may teach a portable patient monitor that receives and stores conditioned data from a data acquisition pod or cartridge, Maschke et al. fails to teach or suggest a communication interface having an input to receive patient data from a communication medium and an output to transmit care parameters as needed to the communication medium. That is, Maschke et al. does not teach or suggest transmitting care parameters from the portable patient monitor back to the communication medium (i.e. lines 18 and 34 in Fig. 1B) from which patient data is received.

Furthermore, Maschke et al. does not teach an input device connected to the processor to allow a change in care parameters by a health care provider, as called for in claim 1. Although the Examiner provides citations in support of Maschke et al. teaching a change in the care parameters by a health care provider (*June 1, 2006, Final Office Action, pg. 3*), the Examiner’s citations do not suggest or even mention the claimed change in care parameters. Maschke et al. teaches input devices, such as data acquisition pods that collect patient data, and output devices, such as a display monitor for displaying patient data. *See Col. 6, lns. 33-53; Col. 11, lns. 45-62*. Maschke et al. further teaches the use of a memory card that can be used to transfer patient data between two monitors. *See Col. 8, lns. 20-37*. The memory card can also be used to access patient history data. *See Col. 8, lns. 38-45*. Contrary to the Examiner’s assertion that “parameters may be entered/alterd by healthcare workers,” Maschke et al. does not teach or suggest, in col. 8, lines 20-43 or anywhere else, an input device connected to the processor to allow a change in care parameters by a health care provider. That is, while Maschke et al. may teach allowing an operator to select which patient’s data to view, which monitor to view the data on, and transferring data for monitoring (*see Col. 6, lns. 31-41; col. 11, lns. 45-62; col. 15, lns.*

36-43), the Examiner's cited sections fail to teach or suggest altering the parameters by healthcare workers as the Examiner asserted.

Jacobsen et al. also fails to teach or suggest a bidirectional monitor having a WLAN output of a communication interface to transmit care parameters as needed to the WLAN or an input device connected to the processor to allow a change in the care parameters by a health care provider. Rather, Jacobsen et al. teaches monitoring vital signs "through a plurality of sensors that transmit their readings in the form of wireless communication to the receiver" that "relay[s] this information to the processing device." *Col. 7, Ins. 21-25*. Jacobsen et al. further teaches that "the receiver 71 can then relay this information to the processing device 54 for a determination of whether the vital sign(s) are within normal parameters." If the vital sign(s) are not within normal parameters, "an alert signal . . . may be transmitted." *Col. 7, Ins. 26-30*.

Because neither Maschke et al. nor Jacobsen et al. teach or suggest transmitting care parameters from the portable patient monitor back to the communication medium from which patient data is received, the combination of the two references also does not teach or suggest a bidirectional monitor having a WLAN output of a communication interface to transmit care parameters from the portable patient monitor back to the communication medium from which patient data is received. Accordingly, that which is called for in claims 1-17 is not shown, disclosed, taught, or suggested in the art of record. As such, Applicant believes claims 1-17 are patentably distinct over the art of record.

The Examiner also rejected claim 18 under 35 U.S.C. 103(a) as being unpatentable over Maschke et al. in view of Jacobsen et al. The Examiner again cited column 6, lines 34-41; column 11, lines 45-62; and column 15, lines 36-43 as teaching "an input device to change the patient care parameters." *June 1, 2006, Final Office Action, p. 6*. However, as explained above with respect to claim 1, while Maschke et al. may disclose data acquisition cartridges and pods, a display monitor, and a memory card input, Maschke et al. fails to disclose an input device connected to the processor to allow a change in the care parameters by a health care provider. Likewise, while Jacobsen et al. may teach a system including a patient monitor linked to a receiver, Jacobsen et al. also fails to teach an input device connected to the processor to allow a change in the care parameters by a health care provider. Accordingly, that which is called for in claims 18-25 is not shown, disclosed, taught, or suggested in the art of record. As such, Applicant believes claims 18-25 are patentably distinct over the art of record.

Applicant has amended claim 26 to incorporate the subject matter of claim 29. Amended claim 26 calls for a computer program residing in the memory of a portable patient monitor that

causes the processor to remotely interface to a WLAN to acquire any patient alarms, sound an alarm if a patient alarm occurs, allow user silencing of the alarm at the portable patient monitor and at a bedside monitor, display patient data, and relay patient admission and discharge information to the WLAN. With respect to the subject matter of claim 29, the Examiner cited column 3, lines 21-44 and column 8, lines 27-47 as teaching or suggesting that “the computer program further causes the processor to relay patient admission and discharge information to the communications network.” *June 1, 2006, Final Office Action*, p. 19. Applicant respectfully disagrees.

While the lines of Maschke et al. cited by the Examiner include the terms “admission” and “discharge,” the Examiner’s cited sections do not teach or suggest relaying patient admission and discharge information from the processor to the WLAN. First, column 3, lines 21-44 of Maschke et al. are directed to an overview of pod, cartridge, and sensor communication and do not mention admission or discharge. Next, Maschke et al. discloses:

Another possible use of memory card 106 may be to associate a respective card with each patient from admission to checkout, provide rapid access to the patient’s history at any time during his or her stay in the hospital. When used for this purpose, memory card 106 may remain in portable monitor 102 at all times between patient admission and discharge. *Maschke et al., col 8, lns. 37-44.*

Maschke et al. fails to suggest that the memory card used for admission and discharge purposes stays with the portable monitor during admission or discharge such that the computer program residing in memory of the portable monitor causes the processor to relay patient admission and discharge information at all or even to the same communication medium from which patient alarms are acquired.

Jacobsen et al. also fails to teach or suggest a processor that relays patient admission and discharge information to the WLAN. In fact Jacobsen et al. does not even mention the admission or discharge of patients. As such neither Maschke et al. nor Jacobsen et al. teach or suggest a computer program residing in the memory of a portable patient monitor that causes the processor to remotely interface to a WLAN to acquire any patient alarms, sound an alarm if a patient alarm occurs, allow user silencing of the alarm at the portable patient monitor and at a bedside monitor, display patient data, and relay patient admission and discharge information to the WLAN. Accordingly, that which is called for in claims 26-28, 30, and 31 is not shown, disclosed, taught, or suggested in the art of record. As such, Applicant believes claims 26-28, 30, and 31 are patentably distinct over the art of record.

Therefore, in light of at least the foregoing, Applicant respectfully believes that the present application is in condition for allowance. As a result, Applicant respectfully requests timely issuance of a Notice of Allowance for claims 1-28, 30, and 31.

Applicant appreciates the Examiner's consideration of these Amendments and Remarks and cordially invites the Examiner to call the undersigned, should the Examiner consider any matters unresolved.

Respectfully submitted,

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Dated: July 31, 2006  
Attorney Docket No.: GEMS8081.041

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